

DEPARTMENT OF JUSTICE

DIVISION BUREAU OF GAMBLING CONTROL

(916) 263-3408

(916) 263-3403 facsimile

KEY EMPLOYEE REPORT

Submitted pursuant to California Code of Regulations, Title 11, Division 3, Chapter 1, section 2060 (Type or print clearly in ink.)

Name of Gambling Estab dentify every individual establishment's operation	who is, or who has been since the filing	ng of the previous report, and Code section 19805(±w)	ctively engaged in the administration or supervision of the gambling . Attach additional sheets as necessary.
Employee Name	Social Security Number	Job Title	Description of job duties, responsibilities and authority.
	Signature	e of Owner Licensee/ Desi	gnated Agent Date
		Drint Nama	(TD: 4)